

**STATE OF IDAHO
DIVISION OF BUILDING SAFETY
HVAC BUREAU
(208) 334-6180**

APPLICATION FOR EXAMINATION AS AN HVAC JOURNEYMAN

- Applicants shall provide proof of a minimum of four (4) years experience working in the trade or as a registered HVAC apprentice making HVAC installations in compliance with the requirements of the State.
- A copy of your current pictured identification must accompany this application.
- Please mail your application and \$35.00 non-refundable application fee to: **Division of Building Safety, HVAC Bureau, 1090 East Watertower Street, Meridian, ID 83642.**

ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00, AS PER IDAHO CODE 28-22-105.

Name: _____ Date of Birth: _____

Social Security #: _____ Telephone #: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Have you completed any HVAC related training courses: Yes _____ No _____ If "Yes", attach a completion certificate or transcript.

Do you hold any other related HVAC licenses: Yes _____ No _____ If Yes, attach a copy.

LIST YOUR MECHANICAL EXPERIENCE STARTING WITH YOUR MOST RECENT EMPLOYER

1. _____ From: _____ To: _____
Name of Employer Mo/Day/Year Mo/Day/Year

Address: _____ Telephone #: _____

Type of Work Done: _____

2. _____ From: _____ To: _____
Name of Employer Mo/Day/Year Mo/Day/Year

Address: _____ Telephone #: _____

Type of Work Done: _____

3. _____ From: _____ To: _____
Name of Employer Mo/Day/Year Mo/Day/Year

Address: _____ Telephone #: _____

Type of Work Done: _____

TO BE SIGNED BY THE APPLICANT IN THE PRESENCE OF A NOTARY PUBLIC

I understand that I am restricted while holding the license herein applied for to employment with and under the direction of a licensed HVAC contractor.

I, _____, being first duly sworn, do hereby certify that the statements on the application for examination as a journeyman are true and correct.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public for: _____

Commission Expires: _____

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EMPLOYER'S VERIFICATION FORM

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name: _____

Dates of Verification: _____
From: _____ To: _____

THIS VERIFICATION MUST BE SIGNED AND NOTARIZED

The Applicant named above was employed by our company performing HVAC Installations.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Fax Number: _____ Telephone Number: _____

Contractor License Number: _____

Signature of Employer

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn To Before Me This _____ Day of _____, 20 _____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES : _____